VIRGINIA POLLUTION ABATEMENT PERMIT APPLICATION FORM A ALL APPLICANTS

1. FACILITY OR APPLICANT INFORMATION

Facility Name or Applicant Name:	Recyc Systems, Inc	
County/City:	Dinwiddie County	
Physical Location/ Address:	8455 White Shop Road, Culpeper Virginia	
Mailing Address:	PO Box 562, Remington Virginia 22734	

2. OWNER INFORMATION

Owner Legal Name:	Recyc Systems, Inc	
Mailing Address:	PO Box 562, Remington Virginia 22734	
Telephone Number:	540-547-3300	
Email address:	strumbo@recycsystems.com	

3. OWNER CONTACT INFORMATION

Owner Contact Name:	Susan Trumbo	
Title:	Vice President - Technical Manager	
Mailing Address:	PO Box 562, Remington Virginia 22734	
Telephone Number:	Number: 540-547-3300	
Email address:	strumbo@recycsystems.com	

4. EXISTING PERMITS: (e.g., VPA, VPDES; VWP, RCRA; UIC; other)

Agency	Permit Type	Permit Number	
DEQ	VPA	00817	

5.	NATURE OF BUSINESS: _	<u>ma</u> nagement of biosolids
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CIC Codo(a)		
SIC Code(s):		

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6.	TYPE OF POLLUTAN	T MANAGEMENT ACTIVITY: check t	he appropriate box(es) Proposed	Existing		
	Animal Feeding Operat (complete Form B)	<u>ions</u>				
	Industrial Waste (complete Form C	& Form D: Parts D-V & D-VI)				
	Land Application of Mu (complete Form D:					
		Parts D-II, D-IV, D-V & D-VI; and ents for Transport, Storage and Land		X		
	Reclamation and/or Dis (Application Adden	stribution of Reclaimed Wastewater dum)				
7.	GENERAL LOCATION	I MAP:				
	Provide a general local	ion map which clearly identifies the lo	cation of the facility.			
В.	CONSENT TO RECEIVE AND CERTIFY RECEIPT OF ELECTRONIC MAIL:					
	The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check only one of the following to consent to or decline receipt of electronic mail from DEQ as follows:					
	associated with t	icant or permittee agrees to receive by electronic mail the permit and any plan approval sciated with the permit that may be issued for the proposed pollutant management activity, and to fy receipt of such electronic mail when requested by the DEQ.				
		mittee declines to receive by electronic permit that may be issued for the property of the pro				
9.	SIGNATURE AND CERTIFICATION STATEMENT:					
	I certify under penalty of law that this document and all attachments were prepared under my direction supervision in accordance with a system designed to assure that qualified personnel properly gather at evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is to the best of reknowledge and belief true, accurate and complete. I am aware that there are significant penalties is submitting false information including the possibility of fine and imprisonment for knowing violations. I furth certify that I am an authorized signatory as specified in the VPA Permit Regulation (9VAC25-32).					
Sig	jnature:	Swan Musto		Date: 2/3/3020		
Pri	inted Name:	Susan Trumbo				
Tit	le:	Vice President - Technical Ma	nager			

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